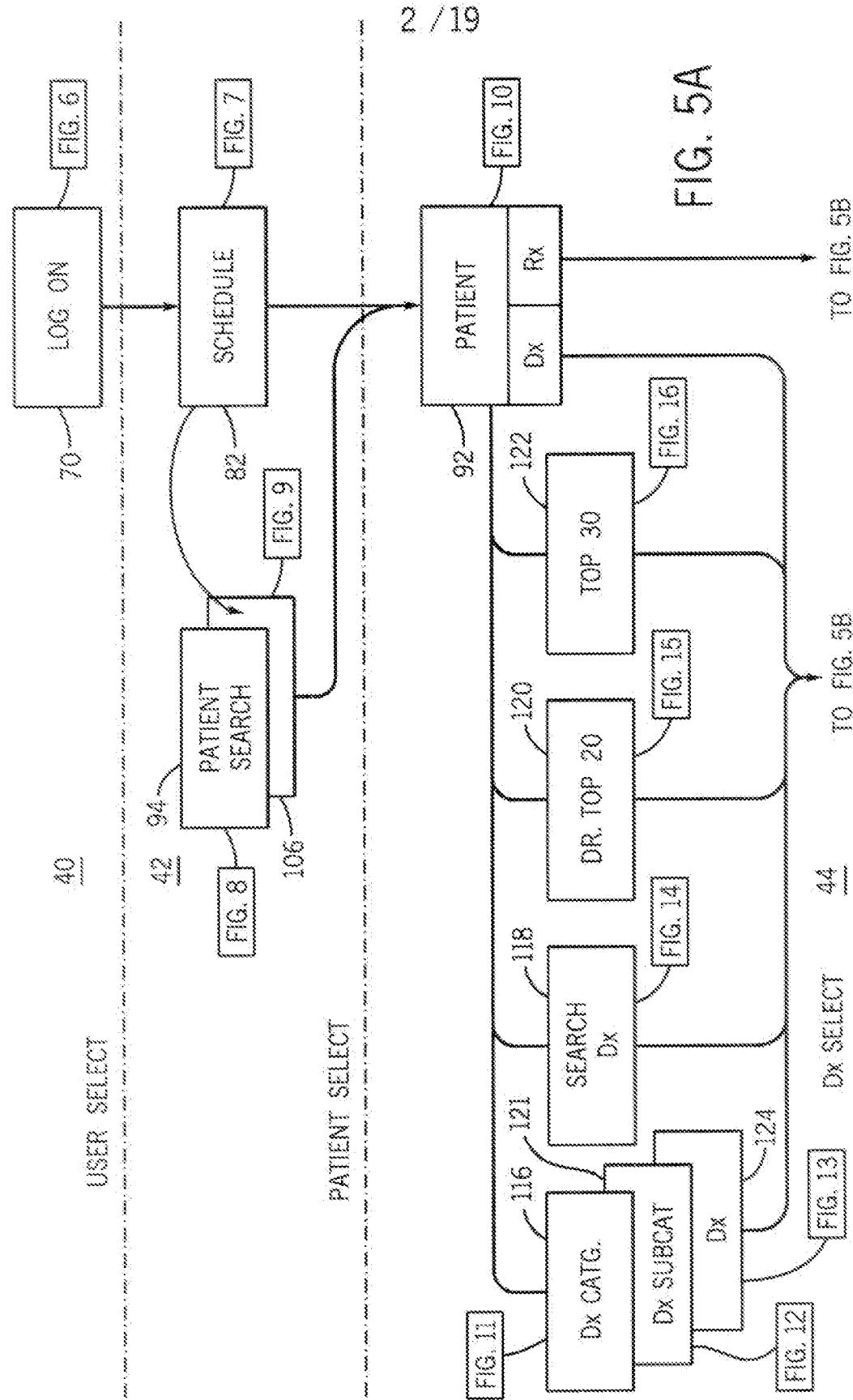
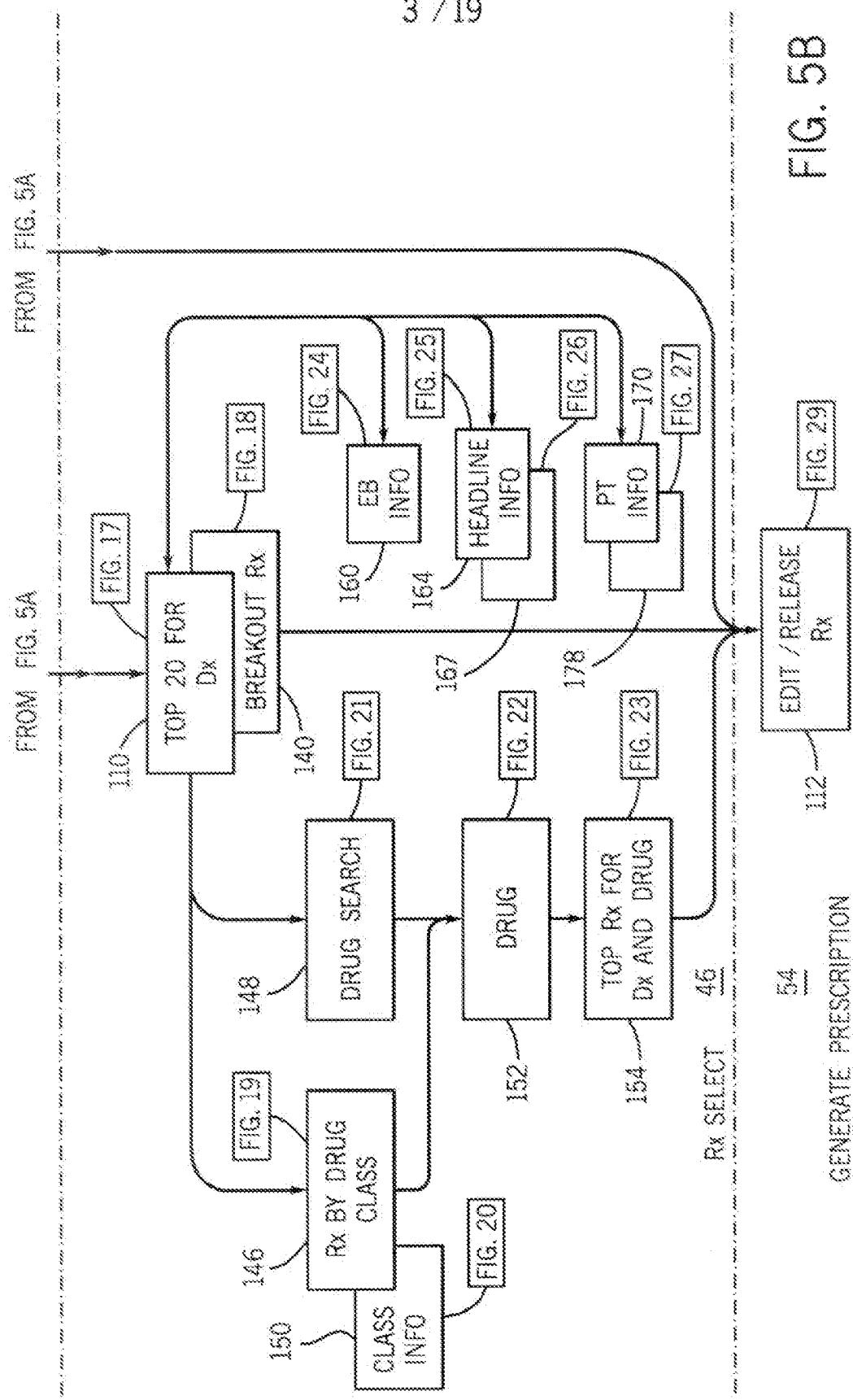


DR	PATIENT	Dx	Rx

FIG. 4





70 ↘

Prescribing User Logon – Welby Medical

Select your facility and user id from the list below, then enter your WELLinx password.

72 ↘

Facility: Welby Medical Group	▼	Location: Southwest Clinic	▼
User ID: Marcus Welby	▼	74 ↘	
Password:	▼	Logon	

78 76 80

FIG. 6

82 ↘

Refresh	Pt. Search	Logoff	
Select Patient- 10 Patients found for today			
Time	Patient	Time	Patient
09:00	WELLINX, DAVID	13:00	MILLER, ELLEN
09:30	ADAMS, LORRAINE	13:30	JOHNSON, SHARON
10:00	SMITH, PATRICIA	14:00	LEE, KEVIN
10:30	DAVIS, ROGER	15:00	ANDERSON, JAMES
11:00	OLSON, MICHAEL	15:30	JEFFERSON, SCOTT

88 93 90

86 84

FIG. 7

5 / 19

94

105

Today	Logoff	102
Patient Search		
Lastname	Mimstest	102
MRN		98
96		
All Doctors <input checked="" type="checkbox"/>		100
Search		104

FIG. 8

106

111

108

Today	Pt Search	Logoff	Back		
Patient Search Results					
Last Name	First Name	MI	MRI	Sex	D.O.B.
MIMSTEST	ARTHUR	L	200441	F	1947-05-22
MIMSTEST	DAVID	J	200409	M	1947-05-22
MIMSTEST	EUGENE		49718	M	1947-05-22
MIMSTEST	GERALDINE		213815	F	1939-12-21
MIMSTEST	GWEN		187885	F	1999-05-22
MIMSTEST	LAURA	M	249378	F	1994-02-25
MIMSTEST	NETTIE		200647	F	1922-04-06
MIMSTEST	PAMELA	K	15491	F	1919-05-22
8 Patients Found					
Today	Pt Search	Logoff	Back		

FIG. 9

6 / 19

92

113

114

Today	Pt Search	Logoff	Done	Add Dx	Category / Search / My 20 / Top 30	Cancel
Diagnosis for DAVID WELLINX						
Edit 706.1 ACNE, OTHER (VULGARIS)				TETRACYCLINE 500MG TABLET		
Edit 401.1 BENIGN ESSENTIAL HYPERTENSION (HTN) + HYDROCHLOROTHIAZIDE				25MG TABLET		
Edit 477.9 ALLERGIC RHINITIS, CAUSE UNSPECIFIED						
Today	Pt Search	Logoff	Done	Add Dx	Category / Search / My 20 / Top 30	Cancel

FIG. 10

116

Today	Pt Search	Logoff	Back	Search	Cancel
Diagnosis Categories					
Abnormal Test Results	Infectious Diseases	Skeletal: Axial			
Blood Vessels, Edema, Lymph	Kidney / Nephrology	Skeletal: Leg			
Congenital	Lungs Allergy & Sleep	Skeletal: Musculoskeletal			
Diabetes	Miscellaneous	Skin			
E-Codes (secondary diagnosis only)	Mouth	Syndromes			
Ear Nose Throat Mouth	Neurology	Trauma			
Endocrine / Metabolic	OB / GYN & Fetus / Newborn	Urology			
Eyes	Other V Codes	V Codes: Top 15 (IM)			
Gastrointestinal	Pediatrics	V Codes: Personal Hx of Dz			
Heart	Psychiatry				
Hematology Oncology	Skeletal: Arm				
Today	Pt Search	Logoff	Back	Search	Cancel

FIG. 11

121

7 / 19

Today Pt Search Logoff		Back Search Cancel
Diagnosis SubCategories: Neurology		
Epilepsy & Seizures	Movement & Tremors	
Headaches	Nerve Diseases	
Infection	Other Neurology	
Mentation	Symptoms and Vagueness	
Today Pt Search Logoff		Back Search Cancel

123

FIG. 12

124

126

127

Today Pt Search Logoff		Back Cancel
Diagnosis Description: Neurology: Headache		
346.00	CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE	
346.01	CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED	
346.10	COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE	
346.11	COMMON MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED	
346.80	MIGRAINE NEC / NOT INTRCBL	
346.91	MIGRAINE, UNSPECIFIED, W/ INTRACTABLE MIGRAINE	
346.90	MIGRAINE, UNSPECIFIED, W/O MENTION OF RETRACTABLE MIGRAINE	
346.81	OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED	
310.2	POSTCONCUSSION SYNDROME	
625.4	PREMENSTRUAL TENSION SYNDROMES (PMS)(MENSTRUAL MIGRAINE)	
349.0	REACTION TO SPINAL OR LUMBAR PUNCTURE (POST-SPINAL TAP HEADACHE)	
307.81	TENSION HEADACHE	
047.9	UNSPECIFIED VIRAL MENINGITIS	
346.21	VARIANTS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED (CLUSTER HEADACHE)	
346.20	VARIANTS OF MIGRAINE- NOT INTRACTABLE (CLUSTER HEADACHE)	
Today Pt Search Logoff		Back Cancel

FIG. 13

118

Today	Pt Search	Logoff	Help
Diagnosis Search			
Search Keyword <input type="text"/>			
<input checked="" type="radio"/> Diagnosis Description Long Search <input type="radio"/> Diagnosis Description <input type="radio"/> ICD9 CODE			
Back <input type="button" value="Submit"/> Cancel			

130

FIG. 14

120

Today	Pt Search	Logoff	Back	Search	Cancel
Doctor Top 20 Diagnosis					
HTN UNSPEC	KNEE PAIN	CRAMPS IN LIMB			
FLU VACCINE	PNEUMOVAX / PREVNAR VACC	POSTMENOPAUS HORMONE RX			
LAB EXAM	INSOMNIA NOS	ROUTINE MEDICAL EXAM			
LIPOID METABOL DISORD NOS	DIARRHEA	SCREEN FOR PROSTATE CA			
LONG TERM USE OF HI RISK RX	CVA	SHOULDER PAIN			
LONG TERM USE OF ANTICOAG	SKIN LESION BENIGN NOS	SCREEN FOR RECTAL CA			
OBESITY MORDIB	IRRITABLE BOWEL SYNDROME				
Today Pt Search Logoff					

FIG. 15

Today	Pt Search	Logoff	Back	Search	Cancel
Top 30 Diagnoses					
A Fib	Depression	Low Back Pain			
Allergic Rhinitis Unspec	Diabetes	Malaise Fatigue			
Anemia	Dizziness	Neck Pain			
Anxiety	DJD UNS	Otitis Media Acute			
Asthma Extrinsic w/o Sa	Edema	Pharyngitis Acute			
BPH	GERD	Rash			
Bronchitis acute	Headache	Sinusitis Acute Unspec			
Chest Pain UNS	HTN Benign	Tobacco Use			
CHF	Hyperlipidemia	URI			
COPD	Hypothyroid primary	UTI			

Today	Pt Search	Logoff	Back	Search	Cancel
-------	-----------	--------	------	--------	--------

FIG. 16

Today	Pt Search	Logoff	Select Rx by Class	Search for other Drug	Cancel																																																																								
Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)																																																																													
<table border="1"> <thead> <tr> <th>Drug / Dosage Name</th> <th>Price</th> <th>SIG</th> <th>Qty</th> <th>Refills</th> <th>PRN</th> </tr> </thead> <tbody> <tr> <td colspan="6">Diuretics and beta blockers are first line therapy</td> </tr> <tr> <td>Edit ENALAPRIL (Vasotec) 10MG TABLET</td> <td>1QD</td> <td>90</td> <td>3</td> <td>N</td> <td>Drug info</td> </tr> <tr> <td>Edit + HCTZ (Hydro Diuril) 25MG TABLET</td> <td>1QD</td> <td>30</td> <td>11</td> <td>N</td> <td>Drug info</td> </tr> <tr> <td>+ ATENOLOL (Tenormin)</td> <td></td> <td></td> <td></td> <td></td> <td>Drug info</td> </tr> <tr> <td>+ CAPTOPRIL (Capoten)</td> <td></td> <td></td> <td></td> <td></td> <td>Drug info</td> </tr> <tr> <td>Edit TRIAMTERENE / HCTZ 25 / 37.5MG TABLET</td> <td>1QD</td> <td>90</td> <td>3</td> <td>N</td> <td>Drug info</td> </tr> <tr> <td>Edit ENALAPRIL (Vasotec) 20MG TABLET</td> <td>1QD</td> <td>90</td> <td>3</td> <td>N</td> <td>Drug info</td> </tr> <tr> <td>Edit METOPROLOL SUCCINATE (Toprol XL)</td> <td>1QD</td> <td>30</td> <td>11</td> <td>N</td> <td>Drug info</td> </tr> <tr> <td>Edit + METOPROLOL 50MG TABLET</td> <td>10</td> <td>1BID</td> <td>60</td> <td>11</td> <td>Drug info</td> </tr> <tr> <td>Edit + LosPRESSOR 50MG TABLET</td> <td>10</td> <td>1BID</td> <td>60</td> <td>11</td> <td>Drug info</td> </tr> <tr> <td>Edit DILACOR XR 120MG CAPSULE SA</td> <td>1QD</td> <td>90</td> <td>3</td> <td>N</td> <td>Drug info</td> </tr> </tbody> </table>						Drug / Dosage Name	Price	SIG	Qty	Refills	PRN	Diuretics and beta blockers are first line therapy						Edit ENALAPRIL (Vasotec) 10MG TABLET	1QD	90	3	N	Drug info	Edit + HCTZ (Hydro Diuril) 25MG TABLET	1QD	30	11	N	Drug info	+ ATENOLOL (Tenormin)					Drug info	+ CAPTOPRIL (Capoten)					Drug info	Edit TRIAMTERENE / HCTZ 25 / 37.5MG TABLET	1QD	90	3	N	Drug info	Edit ENALAPRIL (Vasotec) 20MG TABLET	1QD	90	3	N	Drug info	Edit METOPROLOL SUCCINATE (Toprol XL)	1QD	30	11	N	Drug info	Edit + METOPROLOL 50MG TABLET	10	1BID	60	11	Drug info	Edit + LosPRESSOR 50MG TABLET	10	1BID	60	11	Drug info	Edit DILACOR XR 120MG CAPSULE SA	1QD	90	3	N	Drug info
Drug / Dosage Name	Price	SIG	Qty	Refills	PRN																																																																								
Diuretics and beta blockers are first line therapy																																																																													
Edit ENALAPRIL (Vasotec) 10MG TABLET	1QD	90	3	N	Drug info																																																																								
Edit + HCTZ (Hydro Diuril) 25MG TABLET	1QD	30	11	N	Drug info																																																																								
+ ATENOLOL (Tenormin)					Drug info																																																																								
+ CAPTOPRIL (Capoten)					Drug info																																																																								
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Edit ENALAPRIL (Vasotec) 20MG TABLET	1QD	90	3	N	Drug info																																																																								
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Edit DILACOR XR 120MG CAPSULE SA	1QD	90	3	N	Drug info																																																																								
<table border="1"> <thead> <tr> <th>Today</th> <th>Pt Search</th> <th>Logoff</th> <th>Select Rx by Class</th> <th>Search for other Drug</th> <th>Cancel</th> </tr> </thead> </table>						Today	Pt Search	Logoff	Select Rx by Class	Search for other Drug	Cancel																																																																		
Today	Pt Search	Logoff	Select Rx by Class	Search for other Drug	Cancel																																																																								

FIG. 17

Today		Pt Search		Logoff		Select Rx by Class		Search for other Drug		Cancel	
Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)						PT Info		EB Info			
		Drug / Dosage Name		Price	SIG	Qty	Refills	PRN			
Diuretics and beta blockers are first line therapy.											
Edit	+	TENORMIN 50MG TABLET		10	1QD	30	11	N	Drug info		
Edit	+	ATENOLOL 50MG TABLET		10	1QD	30	11	N	Drug info		
Edit	ATENOLOL 100MG TABLET				1QD	90	3	N	Drug info		
Edit	ATENOLOL 100MG TABLET				1QD	100	3	N	Drug info		
Edit	ATENOLOL 100MG TABLET				1QD	30	11	N	Drug info		
Edit	TENORMIN 100MG TABLET				1QD	90	3	N	Drug info		

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

FIG. 18

Today		Pt Search		Logoff		Cancel		Search for other Drug		EB Info	
Drug Classes											
Diagnosis 346.00: CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR											
Acetaminophen 1 Class Info											
+ Analgesic adjuncts 3 Class Info											
+ Beta Blockers 5 Class Info											
Calcium Channel Blockers 1 Class Info											
GI-Prokinetic 1 Class Info											
Headache - ergots 3 Class Info											
Headache - other 8											
Headache - triptans 5 Class Info											
+ NSAIDs 22 Class Info											
Narcotics - Mild 8 Class Info											
Salicylates 2 Class Info											

Today Pt Search Logoff

Cancel Search for other Drug

FIG. 19

ANALGESIC MEDICATIONS

Highlights

- Ultram 100mg = Tylenol 1000mg is less effective than Tylenol 400mg [More info](#)
- Tramadol is less effective than Vicodin in acute pain [More info](#)
- Reasons to avoid Demerol [More info](#)

Contents

<u>Treatment options</u>	<u>Lower potency narcotics</u>
<u>Acetaminophen</u>	<u>Stronger narcotics</u>
<u>Salicylates</u>	<u>Adjuvant medications</u>
<u>NSAIDs</u>	<u>Websites</u>
<u>NSAID COX 2 inhibitor</u>	

Treatment options (refer to information presented in following sections for efficacy and dosing information)

- Mild Pain ~ Acetaminophen, Salicylates, NSAIDs, Adjuvant Medications (selected situations such as neuropathic pain)
- Moderate Pain ~ All of the above as well as weak opiate / opioid drugs (i.e. codeine, oxycodone)
- Severe Pain ~ Strong Opiate / Opioids (i.e. morphine, hydrocodone, levorphanol) $\frac{1}{2}$ - all of the above
- Chronic, continuous pain warrants use of scheduled administration times instead of prn dosing and use of extended release analgesic preparations
- Immediate release (IR) dosage forms are appropriate for treatment of acute or episodic pain, or to improve analgesia during breakthrough pain
- NSAIDs in combination with opioids may be helpful for pain resulting from bone metastases
- Corticosteroids (i.e. dexamethasone) may be helpful for situations involving nerve compression or increased intracranial pressure
- Antidepressants and anticonvulsants have been used in neuropathic pain

FIG. 20

148 ↘

12 / 19

Today Pt Search Logoff

Drug Search

Drugs

Brand or Generic (common meds only)
 Brand Name only (all meds)
 Drug Class

Back Cancel

FIG. 21

152 ↘

Today Pt Search Logoff Back Search for other Drug Cancel

Drug Names

Diagnosis 346.00: CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

Narcotics - Mild

CODEINE PHOSPHATE / APAP (Tylenol w / Cod)	Drug Info
HYDROCODONE / APAP (Vicodin)	Drug Info
PROPOXYPHENE (Darvon)	Drug Info
PROPOXYPHENE HCL / ACETAMINOPHEN (Darvocet)	Drug Info
PROPOXYPHENE HCL / ASA / CAFFEINE (Darvon Compd)	Drug Info
PROPOXYPHENE NAPSYLATE (Darvon N)	Drug Info
PROPOXYPHENE NAPSYLATE / APAP (Darvocet N)	Drug Info
TRAMADOL (Ultram)	Drug Info

Today Pt Search Logoff Back Search for other Drug Cancel

FIG. 22

Today Pt Search Logoff		Back	Search for other Drug	Cancel					
Drug Dosage									
Diagnosis 346.00: CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR									
CODEINE PHOSPHATE / APAP (Tylenol w / Cod)									
	Drug	Price	SIG	Qty	Refill:	PRN			
Edit	TYLENOL W/CODEINE ELIXIR	5Q	6HR	120	0	N			
Edit	TYLENOL W/CODEINE #2 TABLET	2Q	4HR	60	0	N			
Edit	TYLENOL W/CODEINE #3 TABLET	1Q	4HR	30	1	Y			
Edit	TYLENOL W/CODEINE #4 TABLET	1Q	4HR	30	0	Y			
Edit	ACETAMINOPHEN/COD #3 TABLET	1Q	4HR	30	1	Y			
Edit	ACETAMINOPHEN W/COD ELIXIR	5Q	6HR	120	0	N			
Edit	TY-PAP W/CODEINE ELIXIR	5Q	6HR	120	0	N			
Edit	MI-CODE ELIXIR	5Q	6HR	120	0	N			
Edit	ACETAMINOPHEN/CODEINE SOLN					Drug info			
Edit	ACETAMINOPHEN/COD ELIXIR	5Q	6HR	120	0	N			
Today Pt Search Logoff		Back	Search for other Drug	Cancel					

FIG. 23

FIG. 24

Primary Headache Disorders

Highlights

- Take migraine Rx to severity of headache or prior response. [More info](#)
- Use abortive therapies no more often than twice weekly to prevent chronic daily headaches. [More info](#)
- NSAIDs and Excedrin Migraine are first line for patients with mild-moderate migraine.
- Use migraine-specific agents (triptans, DHE, ergotamine) in patients with more severe headaches or if unresponsive to NSAIDs and OTC analgesics. [More info](#)
- Diclofenac K[®]: Equal efficacy but less nausea than sumatriptan 100mg. [More info](#)
- NSAID / metoclopramide as effective as oral sumatriptan for moderate-severe migraine. [More info](#)

Contents

- [Clinical features](#)
- [Diagnosis](#)
- [Medication overuse headache / rebound headache](#)
- [Non-drug therapy](#)
- [Dosage form selection for migraine](#)
- [Abortive Therapy Table](#)
- [Abortive Therapy Guidelines](#)
- [Comparative studies of abortive drugs](#)

Clinical features (adapted from Mayo Clin Proc 1996;71:1053)

Feature	Migraine*	Tension-type headache	Cluster headache
Prevalence	Common	Common	Rare
Aura	Present in 15%	None	None
Site of pain	Hemispatial, bilateral	Bilateral, occipital, frontal	Unilateral, frontotemporal, periorbital

163

164

- Diclofenac potassium: Equal efficacy but less nausea than sumatriptan 100mg (Arch. Neurol. 1992;1994:232-40) Diclofenac potassium 50mg costs less than sumatriptan 100mg (less than \$2 vs \$34).
- ASA 900mg plus metoclopramide 10mg (< \$2) as effective as sumatriptan 100 mg (\$32) in the treatment of moderate-severe migraine. (Melt-Hansen P. Lancet 1995; 346:923-26) (Arch. Eur. Neurol 1992;32:177-84)

• SC sumatriptan associated with more headache recurrence than DHE nasal spray. Sumatriptan 6mg SC provided better relief of headache and associated symptoms than DHE nasal spray 1mg, however headache recurred more commonly after treatment with sumatriptan (31% vs 17%). Because the dose of DHE used in this study is below the recommended dose of 2mg, it is difficult to compare the efficacy for headache relief. (Teuchon J. Neurology 1996;47:361-5) Patients with long duration headaches may benefit from intranasal DHE.

• Oral sumatriptan more effective than ergotamine / caffeine, but has higher recurrence rate. In a RCT involving 466 patients, improvement in pain at 2 hours occurred in 66% of patients treated with oral sumatriptan vs. 48% of patients treated with a combination of ergotamine and caffeine (Cafergot®). However, headaches recurred in 41% in the sumatriptan group, compared to 30% of the ergotamine / caffeine group. Side effects were comparable. (Arch. Eur. Neurol 1991;31:314-22)

Migraine Prophylaxis

- General information
- Guidelines
- Drug table

FIG. 25

FIG. 26

Acute treatment of migraine attacks: efficacy and safety of a nonsteroidal anti-inflammatory drug, diclofenac-potassium, in comparison to oral sumatriptan and placebo

Anon. *Cephalgia* 1993;19(4):232-40

Study Design: Double-blind, cross-over RCT in 156 adults with migraine \pm aura(2-6 migraines / month)

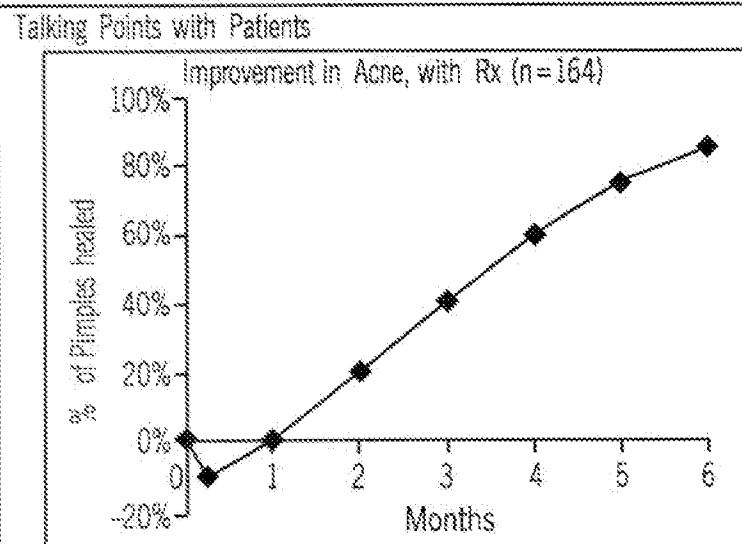
Interventions: diclofenac-K 50mg vs diclofenac-K 100mg vs sumatriptan 100mg vs placebo (all patients received all four treatments over a period of 3 months)

Results: Headache pain 2 hr after dosing (based on VAS): both doses diclofenac and sumatriptan superior to placebo, diclofenac 50mg=100mg, both doses diclofenac= sumatriptan. Active treatments equally effective to each other and superior to placebo over 8 hour observation period. Significant pain relief occurred at 60 min with diclofenac vs. 90 min with sumatriptan. There was no difference between active treatment groups in the use of rescue medication (36% vs 41%). There was no difference between groups in rate of headache recurrence (22-24% for diclofenac, 26% for sumatriptan, and 19% for placebo), however the increased use of rescue medication in the placebo group could have confounded these results. At 2 hr after dosing, there was less nausea in diclofenac groups compared to sumatriptan and placebo groups (22-27% vs 41-43%). At 8 hr after dosing, there was less nausea in the diclofenac and sumatriptan groups compared to placebo (diclofenac 15-19%, sumatriptan 28%, placebo 32%). At 2hr after dosing, there was less vomiting in the diclofenac and placebo groups compared to the sumatriptan group (2hr: 3-7% vs 13%). At 8hr after dosing, vomiting was decreased in the diclofenac groups compared to sumatriptan (2-4% vs 10%). More adverse events occurred in the sumatriptan group compared to the other groups (31% vs 12-18%), however there was no difference in the rate of discontinuation due to adverse events. Dizziness, paresthesia, asthenia, and tachycardia appeared to occur more commonly in the sumatriptan group.

Comments: Severity of migraines and some pertinent baseline characteristics (i.e. number of headaches treated, use of prophylactic medications) not described. Dic not report % of patients with relief of headache pain.

Conclusion: This study demonstrated equivalence of diclofenac-K and high-dose sumatriptan for headache relief, with a slightly faster onset for diclofenac. Nausea and vomiting were reduced in the diclofenac groups compared to the sumatriptan group.

[Return to Topic](#)



The patient educational handouts emphasize the following points...

1. It is important to guide expectations at the outset, to allow 6 months for medications to work. This figure is of 164 pts treated with tretinoin or tretinoin and oral minocycline. In time, most patients achieve successful outcomes. But those patients who cannot accept the need to wait 3 to 5 months for results will usually be disappointed. Adapted from Cunliffe, WJ J Eur Acad Derm 1992;1:43-52 and Katsambas et al Acta Derm Vener 1989; S143:35-9.
2. Stress compliance with Rx in light of anticipated initial worsening.
3. Discourage excessive washing / scrubbing of face. Medicated soaps are a waste of money.

Printable flow sheet for chart:

172

Print

- [Acne Lesion Flow Sheet](#) (1 page) provides a quantitative objective scoring system for assessing acne.
- [Acne Disability Questionnaire](#) (1 page) attempts to authentically represent the importance of a patient's acne to him or her.
- [Acne Patient Handout](#) (4 pages) describing the disease and general treatment options.
- [Acne Patient Handout](#) (7 pages) includes Rx's.

174

Other Internet Links of value:

- <http://www.skinsite.com/info/accutane.htm>: A link to Patient information about isotretinoin (Accutane).
- <http://www.rocheusa.com/products/accutane/pi.html>: A link to the Roche website about Accutane. It contains the patient consent form for starting isotretinoin, along with information for the patients about side effects.
- <http://www.fda.gov/cder/drug/infopage/accutane/default.htm>: A link to the FDA's Accutane information Website

[Print Now](#)

PATIENT CONSENT FORM:

To be completed by the patient, her parent / guardian* and signed by her prescriber.

Please read each item below and initial in the space provided to indicate that you understand each item and agree to follow your prescriber's instructions. DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND. A parent or guardian of a minor patient must also read and understand each item before signing the consent.

1. I, _____, (Patient's Name) understand that Accutane is a very powerful medicine with the potential for serious Adverse Effects that is used to treat severe nodular acne that did not get better with other treatments including oral antibiotics. INITIALS: _____
2. I understand that I must not take Accutane (isotretinoin) if I am pregnant. I understand that I must not take Accutane if I am able to become pregnant and I am not using the required two separate forms of effective methods of birth control. INITIALS: _____
3. I understand from my prescriber that although not every fetus exposed to Accutane has resulted in a deformed child, there is an extremely high risk that my unborn baby could have severe birth defects if I am pregnant or become pregnant while taking Accutane in any amount even for short periods of time. Potentially any fetus exposed during pregnancy can be affected.

FIG. 28

112 19 / 19 184 186

New	Rx for Same Dx	Rx Complete	Cancel
Rx for David WELLINX by MARCUS WELBY			
Drug	HYDROCHLOROTHIAZIDE 25MG TAB	Substitution Permitted	▼
Dose	1 TABS (ORAL)	Frequency	QD ▼
Dispense	30 EA	Refill	11
Instructions		Fill Method	PRN Indic
		Fax ▼	<input type="checkbox"/>
		in office 182	

180

FIG. 29

FIG. 30

29 126 127 123 119 190

Dx	Dx Descript.	Major Cat.	SUB Cat.	DWST

FIG. 31

171 190 164 160 170 142

DWST	HEADLINE	EB INFO	Pt Info	REV

FIG. 32

11 84 126 200

Pt	Dx	Prescription Details	STOP REASON